CASE 1

The diagnosis was **primary hypokalemic periodic paralysis**. Biopsy is not typically employed in the clinical diagnosis of this disease since it may be normal.


CASE 2

The diagnosis was **solvent vapor abuse leukoencephalopathy**. The perivascular macrophages contained trilaminar inclusions by electron microscopy. In this condition, as in adrenoleukodystrophy, there is a biochemical abnormality of long chain fatty acids. There was involvement of the cerebral hemispheres and brain stem. Axon cylinders were prominent in the lesions.


CASE 3

The diagnosis was pellagra-like changes in alcoholic encephalopathy.


CASE 4

The diagnosis was multiple system atrophy, also called Shy-Drager Syndrome and Parkinsonism plus Syndrome. Oligodendroglial inclusions were especially prominent. These stained positively with silver and were ubiquitin positive.


CASE 5

The diagnoses was polyglucosan body disease.

CASE 6

The diagnosis was cerebral mycobacteriosis. The perivascular macrophages contained acid fast bacilli which were also PAS positive and stained with luxol fast blue. In addition the patient showed giant cells, which stained positively for HIV-1, and cytomegalic inclusion disease.


CASE 7

The diagnosis was leiomyoma of dura and skin. The tumor was S-100 negative and muscle specific actin positive. Electron microscopy showed cells with muscle characteristics. Epstein-Barr virus was not demonstrated.


CASE 8

The granules in the tumor cells were PAS positive. The cells stained positively for S-100 and vimentin. Electron microscopy showed coarse cytoplasmic granules. The diagnosis was malignant granular cell tumor.


CASE 9

The diagnosis was congenital glioblastoma multiforme with an angioblastic component.


CASE 10

The tumor was vimentin positive and negative for EMA, S-100, SMA and CD34. Electron microscopy showed spindle cells most of which had the characteristics of fibroblasts but some resembled myofibroblasts. The diagnosis was intracranial fibromatosis. The patient is doing well two years after surgery.


CASE 11

The diagnosis was meningioma with involvement of skull and subcutaneous tissue and pronounced hyperostosis (Tower skull).